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Bib Data Sheet

CONFIRMATION NO. 8540

SERIAL NUMBER 09/778,926	FILING DATE 02/06/2001  RULE	CLASS 435	GROUP ART UNIT 1637	ATTORNEY DOCKET NO. 102286-408CON
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

*J* This application is a CON of 09/291,215 04/14/1999 ABN  
 which is a CON of PCT/GB97/02843 10/15/1997

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*J* UNITED KINGDOM 9621469.7 10/15/1996  
 UNITED KINGDOM 9621885.4 10/21/1996

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 04/18/2001

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no Allowance <i>J</i> Examiner's Signature Initials	STATE OR COUNTRY UNITED KINGDOM	SHEETS DRAWING 9	TOTAL CLAIMS 16	INDEPENDENT CLAIMS 3
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## TITLE

DIAGNOSIS OF SPONGIFORM ENCEPHALOPATHY

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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